## COMBINED DECLARATION AND POWER OF ATTORNEY (ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, COUNTINUATION OR C-I-P) As a below named inventor, I hereby declare that: TYPE OF DECLARATION This declaration is of the following type: original. design. supplemental. national stage of PCT. divisional. continuation. continuation-in-part (C-I-P). INVENTORSHIP IDENTIFICATION My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed, and for

### TITLE OF INVENTION

CUP HANDLING SUBSYSTEM FOR AN AUTOMATED CLINICAL CHEMISTRY ANALYZER SYSTEM

which a patent is sought on the invention entitled:

### SPECIFICATION IDENTIFICATION

the specifi	ication of which:		
(a) 🗌	is attached hereto.		
	Notice of July 13, 1995 (1177 O.G. 60).		
(b) 🛭 ame	was filed on June 18, 1998, as Serial No. 09/099,739 or and was nded on (if applicable).		
(c) 🗌	was described and claimed in PCT International Application No. , filed on and as amended under PCT Article 19 on (if any).		
AC	KNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR		
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.			
I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56,			
and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and			
	in compliance with this duty, an information disclosure statement, in accordance with 37 CFR 1.98, was filed with this application.		
PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))			
I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.			
(d) 🛚	no such applications have been filed.		
(e) 🗌	such applications have been filed as follows.		

# PRIOR FOREIGN / PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	CLAIME	ORITY OD UNDER SC 119
			☐ YES	☐ NO
			☐ YES	□ NO
			☐ YES	□ NO
			☐ YES	☐ NO
			YES	□ NO

# CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) (34 U.S.C. § 119 (e))

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER	FILING DATE
. /	
/	
1	
CLAIM FOR BENEFIT OF EARLIER US / UNDER 35 U.S.C. 12	20
The claim for the benefit of any such application ADDED PAGES TO COMBINED DECLARA' ATTORNEY FOR DIVISIONAL, CONTINUA PART (C-I-P) APPLICATION.	TION AND POWER OF
ALL FOREIGN APPLICATION(S), <i>IF ANY</i> , FILE (6 MONTHS FOR DESIGN) PRIOR TO TE	

#### POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agents(s) to prosecute this application and transact all business in the Patent and Trademark office connected therewith.

Charles W. Bradley, Reg. No. 17,855	Robert A. Cote, Reg. No. 34,570		
Bradford S. Breen, Reg. No. 30,823	Tzvi Hirshaut, Reg. No. 38,732		
Lawrence B. Goodwin, Reg. No. 29,642	Philip E. Levy, Reg. No. P40,700		
Robert M. Isackson, Reg. No. 31,110	Marc J. Pensabene, Reg. No. 37,416		
Andrew L Klawitter, Reg No. 26,557			
Attached, as part of this declaration and power of attorney, is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).			

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO: (Name and telephone number)

Philip E. Levy

Philip E. Levy

ORRICK, HERRINGTON & SUTCLIFFE LLP

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New York, New York 10103-0001

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#### **DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### SIGNATURE(S)

Full name of sole of first inventor			
Frederick	E	Mootz	
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)	
Inventor's signature Fred	rick E. Mootz		
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Carl	R.	Gebauer	
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)	
Inventor's signature	Carl R. G.	liour	
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· .			
Full name of third joint inventor	r, if any		
Frank	1.11	Bakonyi	
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)	
Inventor's signature	/ // // / / / Mys		
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$\boxtimes$	Signature for fourth and subsequent joint inventors.
	Number of pages added 1
	* * *
	Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.  Number of pages added
	* * *
	Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47.  Number of pages added
	* * *
	Added page for <b>signature</b> by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR 1.47)
	* * *
	Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.
	Number of pages
	* * *
	Authorization of attorney(s) to accept and follow instructions from representative.
	* * *
	This declaration ends with this page

Full name of fourth joint inventor, if any			
Nicolae		Dumitrescu	
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)	
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